



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED  
STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

<p>1. Committee ID #: <u>137479</u></p> <p>2. Type of Filing: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Items: _____ Eff. Date: <u>1/1</u></p> <p>3. Full Name of Committee: <u>The Committee to Elect Darrin York</u></p> <p>4a. Candidate Full Name (Last, First, M.I.): <u>York, Darrin S.</u></p> <p>4b. Political Party (if applicable): <u>Republican</u></p> <p>4c. County of Residence: <u>Macomb</u></p> <p>4d. Office Sought (Check one): <input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Rep. <input type="checkbox"/> Sec. of State <input type="checkbox"/> Attorney Gen. <input type="checkbox"/> State Bd. of Ed. <input type="checkbox"/> UofM Reg. <input type="checkbox"/> MSU Trustee <input type="checkbox"/> WSU Gov. <input type="checkbox"/> Supreme Court <input type="checkbox"/> Appeals Court <input type="checkbox"/> Circuit Court <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Municipal Court <input checked="" type="checkbox"/> Local or other please specify: <u>Treasurer Harrison Twp.</u></p> <p>4e. District/Circuit # or Jurisdiction:</p> <p>5. Date Committee was Formed: <u>5/5/04</u></p> <p>6a. Committee Phone #: <u>(586) 465-6004</u></p> <p>6b. Committee Fax #: <u>(586) 465-6004</u></p> <p>6c. Committee E-mail Address: <u>Darrin.york@hotmail.com</u></p> <p>7a. Complete Comm. Mailing Address (May be PO Box): <u>38964 N. Pointe Pkwy.</u> <u>Harrison Twp, MI 48045</u></p> <p>7b. Complete Comm. Street Address (May not be PO Box): <u>38964 N. Pointe Pkwy.</u> <u>Harrison Twp, MI 48045</u></p> <p>8. Treasurer Name and Complete Address: <u>Mary Jean York</u> <u>38964 Northpointe Parkway</u> <u>Harrison Twp, MI 48045</u> Phone #: <u>(586) 465-6004</u> E-mail Address: <u>teachingspice@hotmail.com</u></p> <p>9. Designated Record Keeper Name and Complete Address:</p> <p>Phone #: ( ) - E-mail Address:</p> <p>10. <input type="checkbox"/> REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.</p>	<p>11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings &amp; Loan Association) a. Official Depository <u>Huntington Bank</u> <u>Harrison Twp, MI</u> b. Secondary Depository</p> <p>12. <input type="checkbox"/> This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.</p> <p>13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.</p> <p>The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.</p> <p><input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically. ** OR ** <input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.</p> <p>14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)</p> <p>Candidate: <u>[Signature]</u> <u>5/5/04</u></p> <p>Current Treasurer: <u>Mary Jean York</u> <u>5/5/04</u></p> <p>Designated Record Keeper (Required only if filing electronically): <u>[Signature]</u> <u>5/5/04</u></p>
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STATE OF MICHIGAN  
BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION RECEIPT  
AND  
COMMITTEE IDENTIFICATION NUMBER ASSIGNMENT

CTE DARRIN YORK  
38964 N. POINTE PKWY.  
HARRISON TWP., MI 48045

Original Statement of Organization — Acknowledgement of Receipt

This acknowledges receipt of the **Original Statement of Organization** from the committee named above.

Date and time received:

MAY 24, 2004 @ 12:24 P.M.

Committee Identification Number Assignment

The identification number appearing below has been assigned to your committee. This number **must** be used on each page of all subsequent statements, reports, correspondence or other communications filed or submitted by your committee.

USE THIS NUMBER ON ALL DOCUMENTS

137479

*Carmella Schaefer*

Signature

MAY 25, 2004

Date

MACOMB

County

